

## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Matthew A. Brown, Secretary of State

Corporations Division 100 North Main Stree Providence, RI 02903-1331 401-222-3040

FORM MUST BE TYPE		tal item and					
133211	JKM Enterprises, LLC	et name of the limited Hability company  Enterprises, LLC					
3. State of Formation	4. Brief description	of the character of the b	usiness which is actually conducted in Rhode I	sland			
RHODE ISLAND	LAUNDRY AND	DRY CLEANING	•				
5. Principal office addr	561 Marin Charles		City	State		Zip	
561 Main Street		East Greenwich	7 1	RT	02818		
6. MAILING ADDR	ESS OF LIMITED LIABILI	TY COMPANY ANI	NAME OR TITLE OF CONTACT PI	ERSON:		02010	
Contact Name John MacKre	~ <del>~</del>		Contact Title Member	•	1	<del></del>	
Street Address			City	State _		Ζ.ω	
P.O. Box 11.	<u> </u>		North Kingstown	_   RI	_	02852	
NAME AND ADI	PRESS OF EACH MANAGE	R OF THE LIMITE	D LIABILITY COMPANY, IF APPLIC	CABLE	- 1 5	Ab	
-	FILL IN SPAC	ES BEFORE USING	D LIABILITY COMPANY, IF APPLIC G ATTACHMENTS ("X" BOX FOR RES FILING OF AMENDMENT B.L.	ATTACULATOR	) [].	6.00	
Ai	FILL IN SPAC	ES BEFORE USING	D LIABILITY COMPANY, IF APPLIC G ATTACHMENTS ("X" BOX FOR RES FILING OF AMENDMENT, R.I. Alanager Name	ATTACULATOR	) [] i) (2) / 7-1	* -	
Ai	FILL IN SPAC	ES BEFORE USING	G ATTACHMENTS ("X" BOX FOR RES FILING OF AMENDMENT, R.I.	ATTACULATOR	) [] i) (2) / 7-1	* -	
Alanager Name	FILL IN SPAC	ES BEFORE USING	G ATTACHMENTS ("X" BOX FOR RES FILING OF AMENDMENT, R.I.	ATTACULATOR	) [] 3) (2) / 7-1	* -	
Alanager Name	FILL IN SPAC	ES BEFORE USING	G ATTACHMÉNTS ("X" BOX FOR RES FILING OF AMENDMENT, R.I. Alanager Name	ATTACULATOR	) [] , , , , , , , , , , , , , , , , , ,	* -	
Manager Name Street Address	FILL IN SPAC	ES BEFORE USING	G ATTACHMÉNTS ("X" BOX FOR RES FILING OF AMENDMENT, R.I. Alanager Name	ATTACULATOR	) [] i) (2) / 7-1	* -	
Ai Manager Name Street Address City	FILL IN SPAC	ES BEFORE USING	G ATTACHMÉNTS ("X" BOX FOR RES FILING OF AMENDMENT, R.I. Alanager Name Street Address	ATTACHMENT G.L. 7-16-12 (a	) [] , i) (2) / 7-1	6-52	
Ai Manager Name Sireet Address City	FILL IN SPAC	ES BEFORE USING	G ATTACHMÉNTS ("X" BOX FOR RES FILING OF AMENDMENT, R.I. Alanager Name Street Address	ATTACHMENT G.L. 7-16-12 (a	) [] ) (2) / 7-1	6-52	
Alanager Name  Sireet Address  City  Manager Name	FILL IN SPAC	ES BEFORE USING	G ATTACHMÉNTS ("X" BOX FOR RES FILING OF AMENDMENT, R.I.  Alanager Name  Street Address  City  Manager Name	ATTACHMENT G.L. 7-16-12 (a	) [] ,	6-52	
Manager Name  Street Address  City  Manager Name	FILL IN SPAC	ES BEFORE USING	G ATTACHMÉNTS ("X" BOX FOR RES FILING OF AMENDMENT, R.I.  Alanager Name  Sircei Address  City	ATTACHMENT G.L. 7-16-12 (a	) [],	6-52	
-	FILL IN SPAC	ES BEFORE USING	G ATTACHMÉNTS ("X" BOX FOR RES FILING OF AMENDMENT, R.I.  Alanager Name  Street Address  City  Manager Name	ATTACHMENT G.L. 7-16-12 (a	) [],	6-52	
Manager Name  Sirect Address  City  Manager Name  Sirect Address	State  State  State	Zip	G ATTACHMÉNTS ("X" BOX FOR RES FILING OF AMENDMENT, R.I.  Alanager Name  Street Address  City  City  City	ATTACHMENT G.L. 7-16-12 (a State	a) (2) / 7-1	6-52 Zip	
Alanager Name  Street Address  City  Manager Name  Street Address  City  3. RESIDENT AGEN	State  State  State	Zip	GATTACHMÉNTS ("X" BOX FOR RES FILING OF AMENDMENT, R.I.  Alanager Name  Street Address  City  Manager Name  Street Address  City  City  hanges require filing of Form 642	ATTACHMENT G.L. 7-16-12 (a State	a) (2) / 7-1	6-52 Zip	
Manager Name  Street Address  City  Manager Name  Street Address  City  3. RESIDENT AGEN  Agent Name	State  State  State  State	Zip	G ATTACHMÉNTS ("X" BOX FOR RES FILING OF AMENDMENT, R.I.  Alanager Name  Street Address  City  City  City	ATTACHMENT G.L. 7-16-12 (a State	a) (2) / 7-1	6-52 Zip	
Manager Name  Street Address  City  Manager Name  Street Address  City  3. RESIDENT AGEN  Agent Name  MATTHEW F. CALLA	State  State  State  State	Zip	GATTACHMÉNTS ("X" BOX FOR RES FILING OF AMENDMENT, R.I.  Alanager Name  Street Address  City  City  City  City  City  City  Address	ATTACHMENT G.L. 7-16-12 (a State	6-11	6-52 Zip	
Manager Name  Sirect Address  City  Manager Name  Sirect Address  City  3. RESIDENT AGEN  Agent Name	State  State  State  State	Zip	GATTACHMÉNTS ("X" BOX FOR RES FILING OF AMENDMENT, R.I.  Alanager Name  Street Address  City  Manager Name  Street Address  City  City  hanges require filing of Form 642	ATTACHMENT G.L. 7-16-12 (a State	a) (2) / 7-1	6-52 Zip	

This report must be signed in ink by an authorized person pursuant to R.I.G.L. 7-16-66.

COEFCRATION DV



File Date	9/22/	06.13	3211*	95
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93,41000	25 3 CCC

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements, contained herein are true and correct.

Jeth Kuller a	·11.0L	
Signature of Authorized Person	Date	
John J. MacKrell		Member
Print or Type Name of Authorized Person		



1. 11) No.

## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Corporations Division 100 North Main Street Providence, RI 02903-1335 401.222.3040

Matthew A. Brown, Secretary of State

2. Exact name of the limited liability company

Moporg

FOR SECRETARY OF STATE USE ONLY

(FORM MUST BE TYPED OR PRINTED IN BLACK)

LIMITED LIABILITY COMPA	NY ANNUAL REPORT FOR THE YEAR	2004
Filing Period: September 1 - November 1. •	Filing Fee: \$50.00	

<u>133211</u>	<u>JKM Enterpris</u> es, Ll	LC					
3. State of Formation	4. Brief descript	ion of the character of the	business which is actually conducted in Rhode I	sland			
RHODE ISLAND	Laundry	and dry clear	ning				
5. Principal office address			City	State		Z.lp	
561 Main Stree			East Greenwich		RI	02818	
	OF LIMITED LIAB	ILITY COMPANY AN	ND NAME OR TITLE OF CONTACT P	ERSON:	101	1 02010	
John MacKrell			Contact Title Member				
Street Address		<del></del>	City	State	<del></del>	Zip	
P.O. Box 1114	P.O. Box 1114		North Kingstown				
7. NAME AND ADDRE	SS OF EACH MANA	GER OF THE LIMIT	ED LIABILITY COMPANY, IF APPLIC	r Cable	ΚI	02852	
	FILL IN SE	PACES BEFORE USIN	NG ATTACHMENTS ("X" BOX FOR	ATTACHMEN	iπ) 🔲 💢 .		
	MODIFICATIONS I	O MANAGERS REQU	JIRES FILING OF AMENDMENT, R.I.	G.L. 7-16-12	(a) (2) / 7·1	16-52	
Manager Name			Manager Name				
Sinvi Address			Street Address				
			oner mures				
City	State	Zip	City	State		Zip	
	J		***************************************		•••••		
Manager Name			Manager Name				
Street Address		<del></del> -	: Street Address	: Street Address			
<u> </u>	<del></del>						
City	State	Zip	City	State		Zip	
8. RESIDENT AGENT I Agent Name  MATTHEW F. CALLAGH		- DO NOT ALTER -	Changes require filing of Form 642	  2	-16-11	ı	
Address			Cuy	-	2.40		
7395 POST ROAD			NORTH KINGSTOWN		02852-	C CE	
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						<u>:</u>	
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	This report n	nust h <mark>e signed in ink</mark>	by an authorized person pursuant to	R.I.G.L. 7-16	-66.		
	* 1 3 3 2	1 1 *	Under penalty of perjur	y. I declare and	affirm that I I	nave examined this	s report.
<u> </u>	F		including any accompar contained herein are tru	nying schedules	and statemen	ts, and that all stat	ements
File Date	FILED		tomanica nereni die tiu	o and contect.			
		<del></del> [	may 1.	, 11	3/1	4/05	
Check No	IAR 0 9 2005		Significant Assistant Assistant			1/00	
<b></b>	١٥	1	Signature of Authorized P	erson	19ate	1	

Member

John J. MacKrell

Print or Type Name of Authorized Person